



IFW 2/6/05 #

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Lars Dalsgaard

SERIAL NO.: 09/812,932

ART UNIT: 2665

FILING DATE: 3/20/2001

EXAMINER: Ryman, Daniel J.

TITLE: IMPROVED METHOD AND ARRANGEMENT FOR CONTROLLING
CELL CHANGE AND A TERMINAL OF A CELLULAR SYSTEM

ATTORNEY

DOCKET NO.: 413-010125-US (PAR)

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

I. INTRODUCTION

This is in response to the Office Action mailed March 25, 2005 (Paper No. 7) in regard to the above-identified patent application. Reconsideration of the rejection of the claims is respectfully solicited in light of the following amendment and remarks.

Please amend the Application as follows:

06/01/2005 AKELECH1 00000027 09812932

01 FC:1202 150.00 OP
02 FC:1201 400.00 OP

06/09/2005 HGORDON 00000003 161350 09812932

01 FC:1202 50.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09812932
413-01 0125-45

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

5/17/04 **CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	24	= 3
Independent	4	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

5/24/04

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	27	=
Independent	4	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

5/31/05

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31	Minus	27	= 4
Independent	6	Minus	4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	72
X80=	80
+270=	
TOTAL	862

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	54
X80=	
+270=	
TOTAL ADDIT. FEE	54

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	200
X80=	400
+270=	
TOTAL ADDIT. FEE	600

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